### **Application Data Sheet**

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: TOPICAL L-CARNITINE COMPOSITIONS

Attorney Docket Number:: 05408/100M675-US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: No

Petition included?::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jacob

Family Name:: Guth

City of Residence:: Upper Black Eddy

State or Province of Residence:: PA

Country of Residence:: US

Street of mailing address:: 1245 Friendship Lane

City of mailing address:: Upper Black Eddy

State or Province of mailing address:: PA

Postal or Zip Code of mailing address:: 18972

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: Fred

Family Name:: Czuczak

City of Residence:: Dayton

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 51 Stanley Avenue

City of mailing address:: Dayton

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08810

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Vickie

Family Name:: Lentner

City of Residence:: Hunterdon

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 66 Park Avenue

City of mailing address:: Washington

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07882

**Correspondence Information** 

Correspondence Customer Number:: 07278

## Representative Information

Representative Customer Number::

07278

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/458,822	03/28/03

# **Assignee Information**

Assignee name::

Lonza Inc.

Street of mailing address::

17-17 Route 208

City of mailing address::

Fair Lawn

State or Province of mailing address::

NJ

Postal or Zip Code of mailing address::

07410